

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F06177 (2)  
1. Corporation Name  
WORDS, INC.

Principal Place of Business  
503 PORT ROYAL WAY  
PENSACOLA FL 32501

Mailing Address  
503 PORT ROYAL WAY  
PENSACOLA FL 32501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

EINBECKER, POLLY GODWIN  
503 PORT ROYAL WAY  
PENSACOLA FL 32501

3. Date Incorporated or Qualified  
11/19/1980

4. FEI Number  
59-2179609

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1302, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0505, Florida Statutes.

SIGNATURE

(Signature of the person submitting this report)

(Signature of Registered Agent required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                         |                                            |
|----------------|-------------------------|--------------------------------------------|
| TITLE          | PD                      | <input type="checkbox"/> DELETE            |
| NAME           | EINBECKER, POLLY GODWIN |                                            |
| STREET ADDRESS | 503 PORT ROYAL WAY      |                                            |
| CITY, ST, ZIP  | PENSACOLA FL            |                                            |
| TITLE          | D                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | EINBECKER, RICHARD C    |                                            |
| STREET ADDRESS | 503 PORT ROYAL WAY      |                                            |
| CITY, ST, ZIP  | PENSACOLA FL            |                                            |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY, ST, ZIP  |                         |                                            |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY, ST, ZIP  |                         |                                            |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY, ST, ZIP  |                         |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY, ST, ZIP  |                                                                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]*

1/27/98 850-434-9838

CR2E034 (10/97)